

**Conversion to Resource Family: Release of Information**

Name of County/Agency: _____

- | | |
|--|--|
| <input type="checkbox"/> Approved Relative | <input type="checkbox"/> Certified Family Home |
| <input type="checkbox"/> Licensed Foster Family Home | <input type="checkbox"/> Approved Nonrelative Extended Family Member (NREFM) |

Date of Conversion: _____
(MM/DD/YYYY)Parent Name #1: _____
(Print Name)Parent Name #2: _____
(Print Name)**RELEASE OF INFORMATION:**I/We, _____ and, _____ hereby
(Print Parent Name #1) (Print Parent Name #2)

authorize the ☐ Department ☐ County ☐ Agency to copy documents from my/our ☐ Adoption File ☐ Foster File and for said copies to be placed in my/our Resource Family file for the purpose of converting my/our ☐ Approval ☐ License ☐ Certification to Resource Family approval pursuant to Welfare and Institutions Code section 16519.5 and Health and Safety Code section 1517.

Upon my/our successful conversion to Resource Family, I/we understand that my/our ☐ Relative Approval ☐ NREFM Approval ☐ License ☐ Certification shall be forfeited by operation of law.

My/our previous file shall be closed, and storage and retention of this case file shall be in compliance with applicable laws.

(Parent Name #1 Signature) (Date)_____
(Parent Name #2 Signature) (Date)_____
(RFA Worker Signature) (Date)